

Flag Request Form

Date: ____/____/____

Your Name: _____

Phone Number: _____

Name of individual the
flag is to be flown for (if applicable): _____

Occasion: _____
(i.e., birthday, anniversary...)

Requested date for flag to be flown: _____

<u>Flag type/size</u>	<u>Quantity</u>	<u>Cost</u>	<u>Total</u>
3' x 5' nylon	_____x	\$9.00	= _____
3' x 5' cotton	_____x	\$9.25	= _____
4' x 6' nylon	_____x	\$13.50	= _____
5' x 8' nylon	_____x	\$18.00	= _____
5' x 8' cotton	_____x	\$20.00	= _____
Flying Cost (Must be included only if flown)		\$4.05 per flag	= _____
Shipping		\$4.00 per flag	= _____
Total			= _____

Ship to:

Name: _____

Address: _____

City, State, Zip Code: _____

Check or Money Order should be made payable to: **Keeper of the Stationery**

Please mail completed forms and payment to:

Senator Susan Collins
Attn.: U.S. Flag Orders
172 Russell Senate Office Building
Washington, DC 20510